



State of Washington  
Department of  
Labor and Industries

# PROVIDER BULLETIN

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## THIS ISSUE

### Home Health Care and Hospice Care

#### TO:

Home Health Care  
Agencies,  
Home Care and Hospice  
Agencies

#### FROM:

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This bulletin replaces Provider Bulletins 92-02, 93-19, and 93-26.  
This bulletin answers common questions asked regarding home health care and hospice care. Listed, here are the WACs that apply to these services.

#### WAC 296-20-012002 Definitions

**ATTENDANT CARE:** Those personal care services that assists a worker with dressing and feeding, and personal hygiene to facilitate self-care and are provided in order to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, registered nurses, licensed practical nurses, registered nursing assistants, and other individuals such as family members.

**HOME NURSING:** Those nursing services that are medically necessary to maintain the worker in their place of temporary or permanent residence consistent with their needs, abilities, and safety. These services may be provided by but are not limited to, home health care and hospice agencies on either an hourly or intermittent basis.

#### WAC 296-23-170 Nursing services and attendant care

Refer to WAC 296-20- 132 and 296-20- 135 for information regarding use of the conversion factors. See WAC 296-20-091 for qualifications. The codes and fees for home nursing services and attendant care are listed in the fee schedules.

#### WAC 296-20-170 Nursing services and attendant care

A worker temporarily totally disabled or permanently totally disabled may either temporarily or permanently require home nursing or attendant care. A physician's request and prior department authorization are required for home nursing and attendant care

Home health, hospice and home care agency providers shall be licensed.

#### NOTE:

**All licensed Home Health Care, Home Care and Hospice agencies must use the federal Health Care Financing Administration's (HCFA's) Common Procedure Coding System (HCPCS) Level II codes when billing for supplies.**

**Please update your billing instructions accordingly.**

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## **ANSWERS TO COMMONLY ASKED QUESTIONS**

### **How were fee maximums established?**

The fee maximums were established using a combination of department billing histories, Medicare/Medicaid rates, and a survey of home nursing care providers who deliver services for the department. The department submitted the information to the Home Care Association for review and comments, and held a public hearing to solicit comments from others.

### **What code should be used for billing travel, holidays, overtime, and weekends?**

The department does not reimburse for those items since they are considered part of the overhead of the provider agency.

### **What code should be used for billing supervisory visits?**

Supervisor's visits are not reimbursed and are considered part of the over head of the provider agency.

### **What are the department rules for documentation?**

WAC 296-20-06101, Reporting Requirements, describes multiple types of reports. Generally, all providers are required to submit documentation of services provided. Home nursing care providers must submit the initial assessment, physician's treatment plan (physician's order), and home care treatment plan.

### **When should theses reports be submitted?**

The initial assessment, physician's treatment plan and home care plan are to be submitted within 15 days of the beginning of service. An updated physician's treatment plan and home care plan are to be submitted every 60 days thereafter.

### **Can a letter summary substitute for these reports?**

No, a letter may supplement these reports, but may not be substitute. The department discourages an increase in the paperwork needed for providing care to a worker. The reports were chosen because licensed agencies are required to have them in their files.

### **Where should the reports be sent?**

The reports should be sent to:

Department of Labor and Industries  
Claims Administration  
PO Box 44291  
Olympia WA 98504-4291

### **Is this address different from the billing address?**

Yes. If bills are sent to this address, payment will be delayed. The bills should be sent to:

Department of Labor and Industries  
PO Box 44261  
Olympia WA 98504-4261

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## What other WACs apply to home care agencies?

WAC 296-20-010	General Information
WAC 296-20-01002	Definitions
WAC 296-20-02001	Penalties
WAC 296-20-02005	Keeping of records
WAC 296-20-02010	Review of health services providers
WAC 296-20-02015	Interest on excess payments
WAC 296-20-125	Billing Procedures

To review a copy of the Medical Aid Rules and Maximum Fee Schedule, contact the Department of Labor and Industries service location in your area.

## How can the Occupational Nurse Consultant help me?

The department's Occupational Nurse Consultants are available to assist with home nursing care and attendant care arrangements. They ensure the level of care and the amount of care requested is appropriate and related to the industrial injury. Claims managers refer cases requiring home nursing or attendant care to the Occupational Nurse Consultant for review.

## How do I contact an Occupational Nurse Consultant?

The number to call is (206)956-5013 the person answering can help you contact the nurse consultant for your area.

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*If you require special communication or accommodation needs, please contact the Department of Labor and Industries, Industrial Safety and Health Division, PO Box 44600, Olympia, WA 98504-4600 or telephone 1-800-4BE SAFE (1-800-243-7233).*

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